

FILED OCT 18 1941

0031003

Registration District No. **791**

Primary Registration District No. **0031003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1064a N. Newstead Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 45 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 001
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 17
(d) Street No. 1064a N. Newstead Ave.
(If rural, give location) 9
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 4th.
year 1941 hour 12.30 minute a. M.
21. I hereby certify that I attended the deceased from now
1937 to September 4th, 1941
that I last saw her alive on September 3rd, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Arteriosclerosis

Duration
4 yrs.

Due to _____

Due to Seriously ill

Other conditions
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature W. H. Haswell (M. D. or other)
Address 4270a West Finney Ave. Date signed 9-5-41

3. (a) PRINT FULL NAME Tennie Thompson

3. (b) If veteran, name war --- 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Thomas Thompson 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased Unavailable about 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 80 -- -- hr. min.

9. Birthplace Iuka, Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Unavailable

13. Birthplace Unavailable
(City, town, or county) (State or foreign country)

14. Maiden name Unavailable

15. Birthplace Unavailable
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Thompson

(b) Address 1064a N. Newstead Ave.

17. (a) Burial (b) Date thereof 9-6-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Chas. J. Bates
(b) Address 4107 Finney Ave.

19. (a) SEP 6 1941 (b) J. Bredbeck
(Date received local registrar) (Registrar's signature)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

James A. Johnson

Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

3522

P. O. Address 4107 Finney Ave.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.